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United States, and of the lack in our States of such a supervising body as the English Lunacy Commission. He denounces mechanical restraints, and recommends the boarding-out system for all sufficiently harmless patients. He justly condemns corporal punishment of the insane, and pronounces against the loose methods by which they are committed and sometimes executed.

The Inaugural Address outlines the work of the Society, and mentions the leading medico-legal societies of this country and Europe, and the leading European journals.

On Insanity in relation to Cardiac and Aortic Disease and Phthisis.

W. JULIUS MICKLE, M. D. London, 1888. pp. 93.

This little volume contains the three Gaulstonian lectures delivered in March before the Royal College of Physicians of London, and before printed in the *British Medical Journal*. The subject is introduced by a discussion of intra-cerebral circulation, and the dependence of mental states upon it. Cardiac disease may induce psychic disturbance by altering the adjustment of either the general or intracranial circulation, by causing changes in the quality of the blood in general circulation or in the brain, by leading to pulmonary disease, or by giving rise to a host of strange and painful sensations, a fruitful soil of delusions and hypochondria. Of the various forms of insanity that rise from heart disease, or are colored by it, or spring from a common diathesis with it, very many are of a depressive character, melancholia, hypochondria, delusions of persecutions, etc., or moroseness, querulousness, etc. Even where they begin with expansive and exalted states, the tendency, as the heart disease becomes grave, is toward depression. Many cases of phthisis also are melancholiac, but in a portion the connection of insanities of a more active type with the lung disease is very clear. The special connections of cardiac and aortic lesions are demonstrated in a careful classification of 236 cases (165 individuals, all males), almost all of whom were under Dr. Mickle's care, and examined *post mortem* by him. For these connections, and those of phthisis, the reader must be referred to the book itself.

Ueber Simulation geistiger Störungen. FUERSTNER. Archiv für Psychiatrie, Bd. XIX, Heft 3.

The asserted rareness of simulated insanity does not find support in the experience of urban institutions and those having to do with the criminal classes. Prof. Fürstner finds that of the twenty-five persons under accusation of crime sent in nine years to the Heidelberg Klinik for examination, at least twelve, and perhaps a thirteenth, were feigning. Knowledge, sometimes the most exact, of the diseases copied is acquired by contact with the insane in prisons and hospitals and in the family, from newspaper accounts, and sometimes from slight attacks experienced in themselves. The insanities feigned may be gathered into four groups: first and most frequent, imbecility with apathy, dumbness, or distorted reactions in word and deed; second, disturbances or absence of consciousness, usually asserted to have existed at the time of the criminal act and usually accompanied by sense illusions, with strange talk and behavior at intervals; third, variable symptoms, changing irregularly and not fitting any of the common kinds of insanity; fourth, excited

states with confused and senseless expressions and inclination to violence. Scattering cases like the feigning of paralysis or the assertion of sense illusions are not included in these four. All get their character from the mixed notions of insanity in the lay mind, and the first gets its frequency from the common notion that the insane are entirely abnormal, answer the simplest questions absurdly, and the like. Forms of insanity in which a pathological emotion is the chief symptom, as mania or melancholia, are seldom attempted, (Prof. Fürstner does not know of an unexceptionable case), because, perhaps, the feigners instinctively foresee the great difficulty of maintaining false emotional states for long periods of time. The characteristics by which the doctor is to know the assumed insanity from the genuine are given in some detail in the article. They spring in general from ignorance, under or over acting, or from the absence of symptoms not to be summoned at will, like the hallucinations and flood of ideas of mania. The greatest difficulty of all is with those whose criminal histories of drink, excesses, head-wounds, epilepsy, instability, and imprisonments have produced in them psychical anomalies which, though not psychoses in a narrow sense, yet, when they become associated with hypochondriacal notions and a general proneness to exaggerating and lying, give strange colors to genuine psychoses, and make them hard to classify and only to be pronounced upon after long observation. To show with what persistence and exactness such simulation can be carried out, the doctor relates a case of a seventeen year old girl who feigned paralysis and spasm exactly, denied that she ate, alleged visions of a guardian angel, had the nerve to put a nail through first one foot and then the other in imitation of the crucifixion, and carried on a various course of deception, the feigning here being not to escape punishment, but to excite superstitious attention.

Les faux témoignages des enfants devant la justice. A. MOTET. Paris, 1887. pp. 20.

The testimony of children, when delivered in evident sincerity, is of the most telling kind. Dr. Motet, however, recites four cases from his own experience, and cites others, in which such testimony has proved utterly false. This lying is not malicious; on the contrary, the child believes he is telling the truth. Children of precocious and disproportionately developed imagination fail to distinguish what has actually happened from what they have heard, or what has perhaps been suggested to them by their very questioners. Bad nervous heredity is often an element in such states of mind, and their relation to cases of hypnotic suggestion is close. Such cases as these widen still further the field in which doctors and lawyers must coöperate.

V.—ANTHROPOLOGICAL.

Remarks on Crime and Criminals. HENRY MAUDSLEY, M. D. Journal of Mental Science, July, 1888.

The writer protests against the present ignorant inclination to see in every criminal a diseased person who should be treated for disease and not for crime. A cursory glance shows two distinct classes, "the occasional or accidental," and "the natural or essential criminal." To the first belong those who, though of no worse moral fibre than